



Assessor's Office
One City Hall Plaza
Manchester, NH 03101
Tel.: (603) 624-6520 Fax: (603) 628-6288
www.manchesterNH.gov/assessors

Elderly Property Owners – 2013 Exemption Information

Exemption for the Elderly, RSA 72:39-b – Application for Exemption or Tax Credit RSA 72:33

******Applications accepted after January 1st, 2013 - Filing deadline is April 15, 2013******

PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION

Upon approval of qualifications for the elderly exemption the water & sewer departments will **automatically be notified**.

To qualify you must be: 65 years of age - and Owner of record on or before April 1, 2013

- A resident of NH for **3 consecutive years** on or before April 1, 2013
- Married couples must have been married for **5 consecutive years** on or before April 1, 2013
- Property where exemption is claimed must be the applicants principal place of abode, to the exclusion of all others.
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations

TOTAL INCOME from all sources including any retirement income and Social Security:

- Single person cannot exceed \$32,000 per year - Married person cannot exceed \$45,000 per year

TOTAL ASSETS (at the date of application – or April 1st if requalifying.) is \$75,000 for single taxpayers and \$100,000 for married taxpayers, excluding the value of your dwelling unit:

- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any indebtedness.

You must provide copies of the following (if applicable):

- 2012 Federal income tax return including all W2's, 1099's, etc.
- 2012 Social Security Benefit Statement
- 2012 VA benefits statements
- 2012 State Interest and Dividends Tax Forms
- Bank Statements -current 3 months (full copies) for checking and/or savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc (full copies)
- Property Tax Inventory Forms filed in any *other* town
- Copy of the Trust if property is owned by a trust, Power of Attorney documentation
- Drivers license or birth certificate
- Documentation of any Fuel, Electric, Rental, or any Assistance from Others.

If you qualify - exemption will be according to age and percentage of ownership RSA 72:41 Proration

- 65 – 74 years of age are allowed **\$109,500** assessed value deducted from total assessed value
- 75 – 79 years of age are allowed **\$148,500** assessed value deducted from total assessed value
- 80+ years of age are allowed **\$195,500** assessed value deducted from total assessed value

revised 10/03/12



CITY OF MANCHESTER
Elderly Exemption Application – Tax Year 2013

Income and Asset Statement Provided for Year 2012

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a
Applications accepted after January 1, 2013 - **Filing deadline is APRIL 15, 2013**

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot _____ Account No. _____ Applying for: Elderly Exemption
(Applicant)
Owner Name _____ Owner Date of Birth _____
Co-Owner /Spouse _____ Date of Birth _____
(Name)
All additional Owners on deed _____ , _____
*Relationship _____ (circle one) *attach divorce decree
Address _____ Married Single Widow Divorced
City/State/Zip _____ New Hampshire resident since _____
Telephone Number _____ Cell phone Number _____
Prior address if less than 5 years _____ If married, how many years _____
Life Estate/Trust Name* (if any) _____ Please indicate type of residence:
If the property is owned by a Trust a PA-33 must be completed with a full copy Single _____ Multi # of units' _____
the Trust. E-mail _____
If you own a multi family, do you have a mortgage Y/N _____ Mortgage amount balances\$ _____

- ♦ Are you receiving a deduction or exemption from any other City or Town? YES _____ NO _____
○ What is your primary place of abode? _____

If any of the following categories do not apply to YOU, please write N/A in that space.

INCOME INFORMATION
FOR THE PERIOD JANUARY 1 TO DECEMBER 31, 2012
(Please attach additional sheets if necessary)

Supporting Documents MUST be put in order of numbers and submitted with this application.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions/Annuities/401k	_____	_____
•	_____	_____
•	_____	_____

6. Interest Income (all sources) Account # _____ Amount _____
 • Account # _____ Amount _____
 • Account # _____ Amount _____
 • Account # _____ Amount _____
 7. Dividend Income (all sources) Account # _____ Amount _____
 • Account # _____ Amount _____
 • Account # _____ Amount _____
 8. Real Estate Rental Income (annual) Amount _____
 9. Other Income (Fuel or Electric Assistance, SSI dependant child, gambling or lottery) Amount _____
 10. Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____
 If Yes, please list amount of assistance, bills, or rent paid annually _____ Total amt _____
Additional Comments: (attach additional sheets if necessary) _____

♦ **Total Income:** \$ _____

ASSET INFORMATION
AS OF THE DATE OF THIS APPLICATION
 (Please attach additional sheets if necessary)

11. Other Real Estate: _____
 (Street Address) (Market Value) (Please attach copy of property tax bill.)
 Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land,
 mobile homes or time shares Y _____ N _____

12. Other Personal Prop _____ **Lot of land** _____
 (Description) (Value) (Description) (Value)

13. Vehicle 1: Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 2: Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 3: Make _____, Model _____, Year _____, Miles _____ Value _____

14. Please attach full copies of 3 months/or quarterly statements on all accounts:

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance

Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Mutual Funds Account #	Bank / Institution Name	Name(s) on Account	Balance

Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value

15. Other Assets:

(Explain)

\$ Amount

♦ Total Assets: \$

Assets disclosed by the applicant on this application will be verified through all resources available to the City of Manchester and the Assessing Department.

I/We, the undersigned, agree to repay the City of Manchester, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of exemption from the City of Manchester, NH.

ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN 30 DAYS. Failure to do so may result in suspension of assistance. I/We swear, under penalty of perjury, and certify that the information provided in this Application, including Income and Asset Statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute(s) the granting of my/ our authority for the City of Manchester, NH to obtain verification and/or proof from all sources concerning my/our household's circumstances.

Owner Signature

Date

Co-Owner Signature

Date

The City will not release or discuss your information with any party without your express written permission.

Check here if you would like us to discuss your application with a friend, family member or caregiver.

Name of that person, relationship _____ Phone# _____

Name of that person, relationship _____ Phone # _____

Signature _____ Date _____

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value \$ _____

Total assessed land value \$ _____

Total assessed building value \$ _____

Mortgage amount \$ _____

Application Taken By: _____ Date _____

Do the taxpayers need a mortgage letter _____

Would you like to pickup your financial statements after we are done or can we shred them? _____

Comments on Application _____

Approved _____ Denied _____ Date _____